

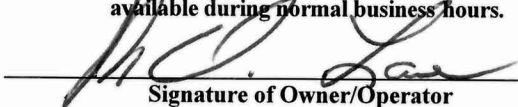
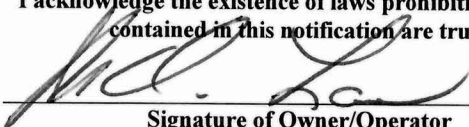
# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification # <u>2016-0120</u>				
<b>I. Type of Notification</b> (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled <span style="float: right;"><u>52188</u></span>							
<b>II. Facility Description</b> Building Name: <u>Syracuse University - ALCO Steam Plant</u> Address: <u>300 E. Taylor Street</u> <u>13202</u> City: <u>Syracuse</u> State: <u>NY</u> Zip Code: <u>13244</u> County: <u>Onondaga</u> Site Location: <u>Top Floor NW Corner - Tank</u> Building Size (square feet): <u>100,000</u> # of Floors: <u>5</u> Age in Years: <u>70</u> Present Use: <u>Steam Plant</u> Prior Use: <u>Steam Plant</u>							
<b>III. Type of Operation</b> (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>V. Facility Information</b> Owner Name: <u>Syracuse University - Environmental Health Office</u> Address: <u>029 Lyman Hall - 100 College Place</u> City: <u>Syracuse</u> State: <u>NY</u> Zip Code: <u>13244</u> Contact: <u>Michael Culligan</u> Telephone: <u>(315) 443-5697</u> Fax: _____ Removal Contractor Name: <u>Environmental Protection Services, Inc.</u> Address: <u>200 Terminal Rd. E.</u> City: <u>Liverpool</u> State: <u>NY</u> Zip Code: <u>13088</u> Contact: <u>Joseph Lane</u> Telephone: <u>(315) 474-0085</u> Fax: <u>(315) 478-3840</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( ) _____ Fax: _____							
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b>							
<b>VII. Approximate Amount of Asbestos Materials:</b>							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	<u>150 lin ft</u>						
Surface Area (square feet)	<u>800 SF</u>						
Facility Components (cubic feet)							
<b>VIII. Scheduled Dates Demolition or Renovation:</b>		Start: <u>2-8-16</u>	Complete: <u>12-31-16</u>				
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b>		Start: <u>2-8-16</u>	Complete: <u>12-31-16</u>				
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	<u>6-3:30pm</u>	<u>6-3:30pm</u>	<u>6-3:30</u>	<u>6-3:30</u>	<u>6-3:30</u>	<u>6-12:00</u>	—

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<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component(s):</b>	Removal of ACM on a abandon tank along with associated Pipe in the framework of the enclosure.		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b>	Setup a full enclosure around the tank and pipe, attached Decan. Negative Air, Wet manual Removal, Double bagging and hauling all waste out of Building. Air samples daily.		
<b>XII.</b>	<b>Waste Transporter #1</b>	Name: Environmental Protection Services, Inc. Address: 200 Terminal Rd. E. City: Liverpool State: NY Zip Code: 13088 Contact: Joseph Lane Telephone: (315) 474-0085		
	<b>Waste Transporter #2</b>	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( ) _____		
<b>XIII.</b>	<b>Waste Disposal</b>	Name: Seneca Meadows Landfill Address: 1786 Salcman Rd. City: Waterloo State: NY Zip Code: 13165 Contact: Robert LaBocca Telephone: (315) 539-5624		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____			
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.			
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b> Material will be removed or cleaned-up as described in Item X.			
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">                           Signature of Owner/Operator                     </div> <div style="width: 15%;">                         1-19-16                          Date                     </div> <div style="width: 40%;">                         Joseph D. Lane, President                          Type or Print Name and Title                     </div> </div>			
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">                           Signature of Owner/Operator                     </div> <div style="width: 15%;">                         1-19-16                          Date                     </div> <div style="width: 40%;">                         Joseph D. Lane, President                          Type or Print Name and Title                     </div> </div>			